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VAN PELT, YI & JAMES LLP

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Date: March 6, 2007

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FAX NO.: 571-273-8300

FROM: Lee Van Pelt

RE: Change of Power of Attorney Request

REF. NO.: ARIBP019

APPLICATION NO.: 09/753,074

NO. PAGES: 3

MESSAGE:

Dear Official Fax Filing:

Please accept the enclosed Power of Attorney to Prosecute and 37 CFR §3.73(b) Statement, for the above-referenced application.

If you have any questions please do not hesitate to contact me.

Best/Regards

Lee Van Pelt

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PTO/S8/96 (11-05)
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STATEMENT UNDER 37 CFR 3.73(b)							
Applicant/Patent Owner: Aribe, Inc.							
Application No./Patent No.: 09/753,074 Filed/Issue Date: December	er 29, 2000						
Entitled: METHOD, APPARATUS, AND SYSTEM FOR BIDDING IN ROUNDS							
•	oration, partnership, university, government agency, etc.)						
states that it is: 1. the assignee of the entire right, title, and interest; or							
an assignee of less than the entire right, title and interest (The extent (by percentage) of its ownership interest is%)							
in the patent application/patent identified above by virtue of either:							
A An assignment from the inventor(s) of the patent application/patent identifie in the United States Patent and Trademark Office at Reel, F thereof is attached. OR	ed above. The assignment was recorded Frame, or for which a copy						
B. A chain of title from the inventor(s), of the patent application/patent identified	d above, to the current assignee as follows:						
1. From: Scott W. Atkinson et al. To: Freemarkets, Inc.							
The document was recorded in the United States Patent and Traden Reel <u>011698</u> , Frame <u>0559</u> , or for which a co	mark Office at						
2. From: Freemarkets, Inc. To: Ariba, Inc.							
The document was recorded in the United States Patent and Tradern Reel017439, or for which a control of the control of	nark Office at copy thereof is attached.						
From: To: The document was recorded in the United States Patent and Tradem							
The document was recorded in the United States Patent and Tradem Reel, or for which a	nark Office at copy thereof is attached.						
Additional documents in the chain of title are listed on a supplemental sh	neet.						
As required by 37 CFR 3.73(b)(1)(i), the documentary evidence of the chain cassignee was, or concurrently is being, submitted for recordation pursuant to 37 C	of title from the original owner to the FR 3.11.						
[NOTE: A separate copy (i.e., a true copy of the original assignment documen Division in accordance with 37 CFR Part 3, to record the assignment in the 302.08]	nt(s)) must be submitted to Assignment ne records of the USPTO. <u>See</u> MPEP						
The undersigned (whose title is supplied below) is authorized to act on behalf of th							
	3-5-07						
Signature	Date						
Lee Van Pelt	408-973-2585						
Printed or Typed Name	Telephone Number						
Attorney Title							

This collection of information is required by 37 CFR 3.73(b). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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PTC/SB/00 (01-05)

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U.S. DEPARTME

Thereby revoke all previous powers of altorney given in the application identified in the attached statement under 37 CFR 3,73(b). Thereby appoint:	Р	OWER OF	-ATTORNEY TO PRO	SECUTE A	\PPL	ICATIONS BEFO	RE THE USPTO	
Precipitioner(a) named below (if more than ten patent practitioners are to be named, then a customer number must be used):								_
Precidioner(s) named below (if more than ten patant practitioners are to be named, then a customer number must be used): Name	37 CFR	2.73(b).	Terious powers of alluminay	Assert to rue s	ірріка	nion identified in the	attached statement un	ider
Precidioner(s) named below (if more than ten patent practitioners are to be named, then a customer number must be used): Name	Inereby	y appoint:	· · · · · · · · · · · · · · · · · · ·				7	
Precitioner(s) named below (if more than ten patent practitioners are to be named, then a customer number must be used): Name	J	ecitioners asso	clated with the Customer Number:	219	12			
Assignee Name and Address: Aribs, Inc. 307 11th Avenue Cuntry Telephone Acopy of this form, together with a statement under 37 CFR 3.73(b) (Form PTO/SB/98 or equivalent) is required to be filed in each application in which this form is used. The statement under 37 CFR 3.73(b) may be completed by one of the practitioners application in which this form is statement under 37 CFR 3.73(b) to: Aribs, Inc. 307 11th Avenue Sumnyvale, CA 94089 A copy of this form, together with a statement under 37 CFR 3.73(b) (Form PTO/SB/98 or equivalent) is required to be filed in each application in which this form is used. The statement under 37 CFR 3.73(b) may be completed by one of the practitioners appointed in this form if the appointed in this form is used. The statement under 37 CFR 3.73(b) may be completed by one of the practitioners appointed in this form if the appointed in this form is used. The statement under 37 CFR 3.73(b) may be completed by one of the practitioners appointed in this form if the appointed in this form is used. The statement under 37 CFR 3.73(b) may be completed by one of the practitioners appointed in this form if the application in which this power of Attorney is no befiled. Signature		nan (s) nemilitoe	ned balow (if more than ten patant	practitioners are	to be n	amed, then a customer n	سا amber must be used):	
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The address associated with Customer Number: State 21912	Plasse cha	ange the corres	pondence address for the applicat	ion identified to t	o stiar	had statement under 37 C	ED 3 73/6\ (a)	
The address associated with Customer Number: OR Firm or Individual Name Address City Country Telephone Assignee Name and Address: Ariba, Inc., 807 11th Avenue Sunnyvale, CA 94089 A copy of this form, together with a statement under 37 CFR 3.73(b) (Form PTO/SB/96 or equivalent) is required to be filled in each application in which this form is used. The statement under 37 CFR 3.73(b) may be completed by one of the practitioners appointed in this form if the appointed practitioner is authorized to act on behalf of the assignee, and must identify the application in which this Power of Altorray is to be filled. SIGNATURE of Assignee of Record The individual whose signature and title is supplied below is authorized to act on behalf of the assignee. Plane Landon R. Edmond Talephone (650) 390-1618			,			THE SCHOOL WINDS ST	.r.k 3.73(b) to;	
OR Film or Individual Name Address: Zip	X,	The address as:	sociated with Customer Number	21912				
Address City Country Telephone Assignee Name and Address: Aribs, Inc. 807 11th Avenue Sunnyvale, CA 94089 A copy of this form, together with a statement under 37 CFR 3.73(b) (Form PTO/SB/96 or equivalent) is required to be filled in each application in which this form is used. The statement under 37 CFR 3.73(b) may be completed by one of the practitioners appointed in this form if the appointed practitioner is authorized to act on behalf of the assignee, and must identify the application in which this Power of Altorray is to be filled. SIGNATURE of Assignee of Record The individual whose signature and title is supplied below is authorized to act on behalf of the essignee Signature Landon R. Edmond Telephone (650) 390-1618				L				
Address City Country Telephone Assignee Name and Address: Ariba, inc. 807 11th Avenue Sunnyvale, CA 94089 A copy of this form, together with a statement under 37 CFR 3.73(b) (Form PTO/SB/96 or equivalent) is required to be filled in each application in which this form is used. The statement under 37 CFR 3.73(b) may be completed by one of the practitioners appointed in this form if the appointed practitioner is authorized to act on behalf of the assignee, and must identify the application in which this Power of Attorney is to be filled. SIGNATURE of Assignee of Record The individual whose signature and title is supplied below is authorized to act on behalf of the assignee Signature Landon R. Edmond Telephone (650) 390-1618								\neg
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Country Telephone Assignee Name and Address: Aribs, Inc. 807 11th Avenue Sunnyvale, CA 94089 A copy of this form, together with a statement under 37 CFR 3.73(b) (Form PTO/SB/98 or equivalent) is required to be filled in each application in which this form is used. The statement under 37 CFR 3.73(b) may be completed by one of the practitioners appointed in this form if the appointed practitioner is authorized to act on behalf of the assignee, and must identify the application in which this Power of Attorney is to be filled. SIGNATURE of Assignee of Record The individual whose signature and title is supplied below is authorized to act on behalf of the essignee Signature Landon R. Edmond Telephone (650) 390-1618	City			Shia			F 342	_
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